

## BENEFICIARY DESIGNATION FORMS

- 1) Beneficiary Designation Forms are to be completed by the member and forwarded to the Retirement Office. You may wish to make a copy for your files.
- 2) The employee's name, social security number and agency must be entered for identification purposes.
- 3) The employee must sign the change before submitting it.
- 4) Each time a change of beneficiary is made, the change must be witnessed. Any person not named as a beneficiary may sign as the witness.
- (5) The form must include the name of the beneficiary, the relationship to the employee, the social security number of the beneficiary and the beneficiary's date of birth. The employee is required to sign the form and have his/her signature notarized. If the form has not been notarized, it will be returned for completion.
- 6) If the employee wishes to list more than one beneficiary, he/she may do so.

Please advise your employees of the importance of designating a beneficiary and keeping the designation current.

# SAMPLE FORMS

## Beneficiary Designation Form

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**Nebraska Public Employee's Retirement Systems**  
 1221 N Street, Suite 325 402-471-2053  
 P.O. Box 94816 800-245-5712  
 Lincoln, NE 68509 Fax: 402-471-9493

FOR NPERS  
USE ONLY

FOR NPERS  
USE ONLY

Last	First	Middle	
Name			Plan Type (Check one)
Social Security Number			<input type="checkbox"/> School
			<input type="checkbox"/> State
Address			<input type="checkbox"/> County
			<input type="checkbox"/> Judges
City, State, Zip			<input type="checkbox"/> Patrol
			<input type="checkbox"/> Def. Comp.
Home Phone		Work Phone	
Date of Birth	Employer		

Office Use Only

This form allows you to designate (or change) your primary or contingent beneficiaries for the Retirement plan noted above. **We must receive the original, notarized form; photocopies will not be accepted.** Benefits will be paid to your survivors exactly as you designate on this form. You may name your estate as your beneficiary. If you name a trust or other legal entity, put the name of both the trust and the trustee on the "Name of Beneficiary" line. [If you have more than three primary or contingent beneficiaries, please use space provided on back of form.]

### Primary Beneficiary(ies)

**I wish for the following person(s) or entity(ies) to be my Primary Beneficiary(ies). I understand that if I do not fill in a percentage amount (%), all persons designated will share equally in the benefit:**

%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip

### Contingent Beneficiary(ies)

**I wish to name the following as my "contingent beneficiaries" (i.e. those who will receive a share of your benefit if all primary beneficiaries pre-decease you or refuse their shares of the benefit). If you have more than one contingent beneficiary, remember to fill out what percentage each beneficiary will receive (the shares of all contingent beneficiaries must equal 100%).**

%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip
%	Name of Beneficiary	Relationship	Social Security Number	Date of Birth
	Address	City	State	Zip

I hereby certify that the undersigned member, whose identity I have established to my own satisfaction, freely and voluntarily signed this beneficiary designation form in my presence

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

Signature of Member

Date

NPERS1300 REV. 3/01

# SAMPLE FORMS

## Beneficiary Designation Form

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<b>Primary Beneficiary(ies)</b>				
<p><b>I wish for the following person(s) or entity(ies) to be my Primary Beneficiary(ies). I understand that if I do not fill in a percentage amount (%), all persons, including those listed in the Primary section on the front of this form, will share equally in the benefit:</b></p>				
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip

  

<b>Contingent Beneficiary(ies)</b>				
<p><b>I wish to name the following as my "contingent beneficiaries" (i.e. those who will receive a share of your benefit if all primary beneficiaries pre-decease you or refuse their shares of the benefit). If you have more than one contingent beneficiary, remember to fill out what percentage each beneficiary will receive (the shares of all contingent beneficiaries, including those listed on the front of this form, must equal 100%).</b></p>				
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip
<input type="checkbox"/>	%	Name of Beneficiary	Relationship	Social Security Number
		Date of Birth		
		Address	City	State      Zip

## CHANGING INVESTMENTS

Members may change their investment allocation or the state allocation as often as they wish. Changes must be made in increments of 5%. The sum of the employee and

# SAMPLE FORM

## Investment Change Form

### Nebraska State Employees Retirement System

#### Change Form

Please type or print in ink

#### For Office Use Only

Initials \_\_\_\_\_

Date \_\_\_\_\_

Fhdr. \_\_\_\_\_

Name \_\_\_\_\_

Agency \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### Member Investment Election

*Please Note:* You must make your selections in 5% increments. The total must equal 100% of your member fund.

I elect to have my member contributions invested in the following manner. I understand these changes affect new member contributions only.

\_\_\_\_\_ % Stable Fund (10)      \_\_\_\_\_ % Moderate Pre-mix Fund (23)      \_\_\_\_\_ % Large Co. Value Stock Index (20)  
\_\_\_\_\_ % Money Market Fund (13)      \_\_\_\_\_ % Aggressive Pre-mix Fund (22)      \_\_\_\_\_ % Small Company Stock Fund (16)  
\_\_\_\_\_ % Bond Market Index (18)      \_\_\_\_\_ % S&P 500 Stock Index (15)      \_\_\_\_\_ % International Stock Fund (17)  
\_\_\_\_\_ % Conservative Pre-mix Fund (21)      \_\_\_\_\_ % Large Co. Growth Stock Index (19)

**The Funds listed above are not guaranteed either as to the rate of return or against loss of principal, by my employer. I agree to hold my employer harmless for any losses in these accounts.**

#### Member Transfers

A transfer will move existing member funds from one member investment fund to another. A direct transfer between the Stable Fund and a "Competing Fund", specifically the Money Market Fund and the Conservative Pre-mix Fund is not allowed. Transfers between such "Competing Funds" via another separate account are restricted for three months.

**Important: When transferring out of a fund, you cannot transfer into that fund on the same day. Circle \$ or % to clarify transfer amount.**

Transfer \_\_\_\_\_ \$ or % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund

Transfer \_\_\_\_\_ \$ or % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund

#### Employer Investment Election

*Please Note:* You must make your selections in 5% increments. The total must equal 100% of your employer fund.

I elect to have my employer contributions invested in the following manner. I understand these changes affect new employer contributions only.

\_\_\_\_\_ % Employer Conservative Fund (07)      \_\_\_\_\_ % Employer Moderate Fund (09)      \_\_\_\_\_ % Employer Aggressive Fund (08)

**The Funds listed above are not guaranteed either as to the rate of return or against loss of principal, by my employer. I agree to hold my employer harmless for any losses in these accounts.**

#### Employer Transfers

A transfer will move existing employer funds from one employer investment fund to another. **Important: When transferring out of a fund, you cannot transfer into that fund on the same day. Circle \$ or % to clarify transfer amount.**

Transfer \_\_\_\_\_ \$ or % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund

Transfer \_\_\_\_\_ \$ or % from the \_\_\_\_\_ Fund into the \_\_\_\_\_ Fund

Ameritas is hereby authorized to make allowable transfers of funds or changes in investment selection based upon instructions received from me by telephone or online. All telephone instructions will be recorded by Ameritas. Neither Ameritas nor any person acting on its behalf shall be subject to any claim, loss or liability if telephone or online instructions as hereby authorized are acted upon in good faith. This authorization shall continue in force until written revocation by me or discontinuance of this privilege by Ameritas.

**Note:** You must provide a Personal Identification Number (P.I.N.) to access your account by the Voice Response Unit (VRU) and online. This number may be changed at any time. (Specify four numbers only, not letters)

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Transfers may be made on any day that both Ameritas and the New York Stock Exchange are open for regular business.

If this form is transmitted to Ameritas Life Insurance Corp. by facsimile machine, the parties intend that fax signatures constitute original signatures and are binding on all parties.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail or fax directly to:

Ameritas Life Insurance Corp., Group Pensions  
P.O. Box 81889, Lincoln, NE 68501  
Fax # 402-467-7952 or  
[www.nol.org/home/pers](http://www.nol.org/home/pers)

To make changes online access Ameritas via:

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